

DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES

CHAPTER 66

MENTAL HEALTH INPATIENT FACILITIES

Subchapter 1

Admission Policy for Mental Health Inpatient Facilities

Rule 37.66.101 Purpose

37.66.102 Definitions

Rules 03 through 05 reserved

37.66.106 Admission Criteria

37.66.107 Application Procedures

37.66.108 Application Materials

37.66.109 Admissions Procedures

Rules 10 through 14 reserved

37.66.115 Treatment

Rules 16 through 19 reserved

37.66.120 Transfer and Discharge Criteria

Rules 21 through 29 reserved

37.66.130 Appeal Procedure

Subchapter 2 reserved

**DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES**

Subchapter 3

Voluntary Admissions To Montana State Hospital

Rule 37.66.301 Voluntary Admission Procedure

37.66.302 Definitions

Rules 03 through 05 reserved

37.66.306 Screening Process

Rules 07 through 11 reserved

**37.66.312 Parameters for Voluntary Admission to Montana
State Hospital**

Rules 13 through 15 reserved

37.66.316 Release of Confidential Records

Subchapter 1

Admission Policy for Mental Health Inpatient Facilities

37.66.101 PURPOSE (1) The Montana mental health nursing care center, a licensed nursing care facility, provides long term care and treatment of persons with mental disorders. The primary function of the center is set forth in 53-21-411, MCA. The center provides a secure unit for persons with alzheimer/dementia. This program provides for persons who do not require the intensity of treatment available at Montana state hospital. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

37.66.102 DEFINITIONS (1) "Mental disorder" means impairment as defined in 53-21-102, MCA.

(2) "Professional person" means a person as defined in 53-21-102, MCA.

(3) "Center" means the Montana mental health nursing care center.

(4) "Superintendent" means the superintendent of the Montana mental health nursing care center. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 03 through 05 reserved

37.66.106 ADMISSION CRITERIA (1) Eligibility for admission to the Montana center is determined without regard to race, color, sex, culture, social origin or condition, political or religious ideas, or ability to pay for the cost of care.

(2) To be eligible for admission on a voluntary basis, a person must:

- (a) be 18 years of age;
- (b) be diagnosed as having a mental disorder;
- (c) require long term nursing care;
- (d) exhibit behaviors rendering the person unable to be served appropriately in the community of residence or in a less restrictive setting;
- (e) not require acute medical hospital care;
- (f) not require active psychiatric treatment as provided by Montana state hospital;
- (g) not require the services of a full time psychiatrist;
- (h) have received a mental health evaluation and recommendation for admission by a mental health professional person within 60 days prior to application;
- (i) be admitted on a voluntary basis through application by the person, a legally appointed guardian or durable power of attorney providing for health care decisions; and
- (j) complete a center application for admission.

(3) The following is required for an involuntarily committed person to be admitted to the center from Montana state hospital:

- (a) meet voluntary criteria for admission in (2)(a) through (g) of this rule;
- (b) notification of the patient, the patient's next of kin, and the Montana disabilities board of visitors pursuant to 53-21-414, MCA.

(4) The final decision for admission remains with the superintendent of the center. Patients referred from Montana state hospital who meet the above criteria will be given priority for admission to the center. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411 and 53-21-414, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1987 MAR p. 484, Eff. 5/1/87; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from D0C, 1998 MAR p. 1505.)

37.66.107 APPLICATION PROCEDURES (1) To be considered for admission, the applicant, applicant's guardian, or person who has a power of attorney for the applicant, must submit to the superintendent of the center:

- (a) a completed admissions packet; and
- (b) a medical history including the comprehensive medical evaluation and recommendation of a mental health professional. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411 and 53-21-414, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

37.66.108 APPLICATION MATERIALS (1) Application packets are available by writing to the superintendent of the Montana Mental Health Nursing Care Center, 800 Casino Creek Drive, Lewistown, Montana 59457. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411 and 53-21-414, MCA; NEW, 1996 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

37.66.109 ADMISSIONS PROCEDURES (1) The superintendent will review all application materials and determine the applicant's eligibility for admission.

(2) The superintendent will notify the applicant, in writing, of the decision regarding eligibility.

(3) The eligible applicant will be admitted when an appropriate bed is available.

(4) If there is no bed immediately available, the applicant will be placed on a waiting list.

(5) Except for priority admissions as described in ARM 37.66.106, the center will admit applicants from the waiting list on the basis of the date of determination of eligibility for admission as beds become available.

(6) The superintendent may waive the use of the waiting list if:

(a) the location of an available bed requires that the next person admitted be of a particular sex; or

(b) there is an applicant whose current living conditions require that he or she be admitted immediately.

(7) When two or more applicants have equal priority on the waiting list, the person with the longest documented Montana residence will be admitted first. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411 and 53-21-414, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 10 through 14 reserved

NEXT PAGE IS 37-14599

37.66.115 TREATMENT (1) Treatment provided at the center focuses on maintaining the resident's physical and mental functioning to the extent possible. Residents will be provided medical, nursing, dietary, recreation and social services through an individualized care plan for each resident. The center may utilize the services of the regional mental health center when individual residents might benefit from such services. (History: Sec. 53-21-411, MCA; IMP, Sec. 53-21-411, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 16 through 19 reserved

37. 66. 120 TRANSFER AND DISCHARGE CRITERIA (1) The superintendent may authorize the transfer of a center resident to a licensed hospital in a medical emergency without the resident's consent.

(2) The director of the department of public health and human services, may authorize the transfer of a center resident to Montana state hospital for a period not to exceed 10 days.

(3) Residents of the center may be voluntarily admitted to Montana state hospital pursuant to 53-21-111, MCA, or involuntarily committed pursuant to 53-21-128, MCA.

(4) If the patient is currently the subject of an involuntary commitment, the patient may be transferred to Montana state hospital after notification pursuant to 53-21-413, MCA.

(5) A legally competent voluntary resident will be discharged from the center within 5 days following a written request from the resident. If guardianship or durable power of attorney for the health care of the resident has been established, the written request must be made by the guardian or power of attorney.

(6) The superintendent may also discharge a resident after making proper arrangements if:

(a) the resident consistently displays behavior which violates other residents' rights;

(b) the resident's behavior poses a consistent and/or serious danger to other residents, staff or visitors;

(c) the resident requires specialized care or treatment not available at the center;

(d) the resident is able to function in a setting requiring greater independence;

(e) the resident may be served in a less restrictive environment such as a non-specialized nursing home; or

(f) the resident poses a health danger to other residents.

(History: Sec. 53-21-402, 53-21-411 and 53-21-413, MCA; IMP, Sec. 53-21-112, 53-21-113, 53-21-412 and 53-21-413, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 21 through 29 reserved

37.66.130 APPEAL PROCEDURE (1) Applicants who are denied admission, or residents who are involuntarily discharged may appeal by submitting, in writing, their reasons for appealing the decision to the Director of the Department of Public Health and Human Services, 111 N. Sanders, P.O. Box 4210, Helena, MT 59604-4210 prior to discharge or within 30 days of the denial of admission.

(2) The director will respond to the appeal, in writing, within 30 days of receipt of the appeal.

(3) Pending appeal of an involuntary discharge, the patient may be transferred pursuant to ARM 37.66.120 or allowed to remain at the center until the final decision of the director. (History: Sec. 53-21-402 and 53-21-411, MCA; IMP, Sec. 53-21-411, MCA; NEW, 1986 MAR p. 257, Eff. 2/28/86; AMD, 1996 MAR p. 1391, Eff. 5/24/96; TRANS, from DOC, 1998 MAR p. 1505.)

Subchapter 2 reserved

Subchapter 3

Voluntary Admissions To Montana State Hospital

37. 66. 301 VOLUNTARY ADMISSION PROCEDURE (1) The purpose of this chapter is to assure that voluntary admissions to Montana state hospital comply with the procedure established by 53-21-111 and 53-1-203, MCA to assure that persons are not admitted to Montana state hospital if adequate treatment is available to them in the mental health region, and to establish a procedure whereby persons may be refused admission if the requirements of 53-21-111 and 53-1-203, MCA are not met. (History: Sec. 53-21-111 and 53-1-203, MCA; IMP, Sec. 53-21-111 MCA; NEW, 1986 MAR p. 258, Eff. 2/28/86; TRANS, from DOC, 1998 MAR p. 1505.)

37. 66. 302 DEFINITIONS (1) "Department" means the department of public health and human services.

(2) "Professional person" means a medical doctor or a person who has been certified as a professional person by the department pursuant to 53-21-106, MCA.

(3) "Hospital" means Montana state hospital, Warm Springs campus.

(4) "Superintendent" means the superintendent of Montana state hospital.

(5) "Region" means a mental health region as described in 53-21-204, MCA.

(6) "Center" means a comprehensive community mental health center as described in 53-21-201, MCA.

(7) "Director" means the person appointed by a regional mental health corporation board to administer a comprehensive mental health center.

(8) "Designee" means a person employed by the center, who is appointed by the director to act on his/her behalf for the purposes of this chapter.

(9) "Applicant" means a person at least 18 years of age who is seeking voluntary admission to Montana state hospital.

(10) "Community support program (CSP)" employee means a center staff person whose primary work responsibilities involve the region's provision of support services, including but not limited to, day treatment, case management, residential, and crisis services to adults with severe disabling mental illness. (History: Sec. 53-21-111 and 53-1-203, MCA; IMP, Sec. 53-21-111, MCA; NEW, 1986 MAR p. 258, Eff. 2/28/86; AMD, 1992 MAR p. 2287, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 03 through 05 reserved

37. 66. 306 SCREENING PROCESS (1) Each region shall have a minimum of 6 voluntary admission screening designees to assure that an applicant's geographical location within the region does not prevent prompt completion of the screening process.

(a) The designees shall be appointed by the director and approved by the department.

(b) A list of authorized designees shall be provided to the hospital and to all professional persons within the region and the director shall keep the list current.

(c) The hospital shall maintain a current list of professional persons and a current list of authorized designees at appropriate locations within the hospital.

(2) The application for voluntary admission form and other forms used in the screening process will be developed and approved by the department.

(a) All necessary forms will be available through all community mental health centers including all satellite offices and service locations.

(b) The application for voluntary admission form must be completed by the applicant or by an interested person on behalf of the applicant and must be signed by the applicant in the presence of a witness.

(c) The witness shall attest to the fact that the applicant voluntarily signed the form.

(d) The mailing address of the witness shall be provided on the form to assure the authenticity of the applicant's signature.

(e) An applicant shall not be refused admission simply because the application for voluntary admission form is not totally complete as long as the applicant's signature and the signature of the witness are affixed. (History: Sec. 53-21-111, MCA; IMP, Sec. 53-21-111, MCA; NEW, 1992 MAR p. 1483, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 07 through 11 reserved

37. 66. 312 PARAMETERS FOR VOLUNTARY ADMISSION TO MONTANA STATE HOSPITAL (1) Voluntary admissions to Montana state hospital will be appropriate only when Montana state hospital is the least restrictive and most appropriate placement available.

(2) Montana state hospital will be considered the least restrictive and most appropriate placement for an individual who:

(a) is violent and assaultive as a result of mental illness and is unable to be served in local inpatient facilities;

(b) is so suicidal as to require 1:1 attention over extended periods of time and is unable to be served in mental health center programs or local inpatient facilities;

(c) is so disorganized by mental illness that the individual is unable to appropriately care for a medical condition other than mental illness, which places the individual in a life threatening situation; or

(d) is suffering from an acute exacerbation of mental illness which renders the individual unable, even with intensive supports, to maintain a level of functioning which is sufficiently high so as to allow the individual to remain in the community, and which would predictably require more than 14 days of inpatient care to stabilize.

(3) All community options including but not limited to case management, crisis response and local inpatient care must be considered and ruled out before an admission to Montana state hospital can be deemed appropriate.

(4) Symptoms or behavior related to or resulting from certain conditions, including but not limited to mental retardation, traumatic brain injury and alcohol/drug dependency shall not alone constitute the basis for a voluntary admission to Montana state hospital. (History: Sec. 53-21-111, MCA; IMP, Sec. 53-21-111, MCA; NEW, 1992 MAR p. 1483, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1505.)

Rules 13 through 15 reserved

37.66.316 RELEASE OF CONFIDENTIAL RECORDS (1) All information obtained and records prepared in the course of a state mental health facility providing service are confidential and privileged. Information and records may be disclosed to qualified personnel for the purpose of conducting scientific or genealogical research, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, or otherwise disclose patient identities in any manner.

(2) Consent of the patient is required in order to release information or records concerning an individual who is currently an inpatient or who has been discharged within the 12 previous months. In the case of a patient who has been adjudicated incapacitated, any consent which is required under these rules may be given by the guardian or other person authorized under state law to act in the patient's behalf. If a written consent is needed to disclose information identifying a deceased patient, that consent may be given by an executor, administrator, or other personal representative appointed under applicable state law. If there is no such appointment, the consent may be given by the patient's spouse, or, if none, by any responsible member of the patient's family.

(3) Patient identifying information may be disclosed for the purpose of conducting research if the department director or, for records in state archives, the state archivist, makes a determination that the recipient of the patient identifying information:

(a) is qualified to conduct the research, as determined from the recipient's application for authorization of confidentiality;

(b) signs an oath of confidentiality; and

(c) agrees in writing to:

(i) maintain copies of the patient identifying information in accordance with security requirements;

(ii) destroy or deposit with the state archives all copies of the patient identifying information upon completion of the research. All information deposited with the state archives will be subject to retention rules of that agency.

(4) An application for authorization of confidentiality for a research project must be approved by the department and shall include the following:

(a) The name and address of the individual primarily responsible for the conduct of the research and the sponsor or institution with which he or she is affiliated, if any. Any application from a person affiliated with an institution will be considered only if it contains or is accompanied by documentation of institutional approval. This documentation may consist of a written statement signed by a responsible official of the institution, such as a graduate student's advisor or department chair;

(b) The location of the research project and a description of the facilities available for conducting the research, including the name and address of any hospital, institution, etc. to be utilized in connection with the research;

(c) Summaries of the applicant's and any other personnel having major responsibilities in the research project appropriate training and experience;

(d) An outline of the research project, including a clear and concise statement of the purpose and rationale of the research project and the general research methods to be used;

(e) The date on which research will begin and the estimated date for completion of the project;

(f) An assurance that if an authorization of confidentiality is given it will not be represented as an endorsement of the research project or used to coerce individuals to participate in the research project.

(5) Security requirements shall include:

(a) Written records that are subject to these regulations must be maintained in a secure room, locked file cabinet, safe, or other similar container when not in use;

(b) Applicant must have a research protocol which has been reviewed by a group of at least two individuals knowledgeable in the field who are independent of the research project. Applicant must have a written statement that the protocol has been reviewed and it has been determined that the rights of the patients will be adequately protected and the risks in disclosing patient identifying information are outweighed by the potential benefits of the research;

(c) The information will be used only for the purposes for which it is being provided. (History: Sec. 53-21-166, MCA; IMP, Sec. 53-21-166, MCA; NEW, 1996 MAR p. 2187, Eff. 8/9/96; TRANS, from DOC, 1998 MAR p. 1505.)

Chapter 67 through 92 reserved